



Modified Version of PTO/SB/21

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

Application Number	10/824063
Filing Date	4/13/2004
First Named Inventor	Renate Fruchter
Art Unit	2178
Examiner Name	CAMPBELL, JOSHUA D
Attorney Docket Number	S03-359/US

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |  |   |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawings   | <input type="checkbox"/> After Allowance Comm. to TC                               |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related papers                                 | <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Comm. to TC<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application         | <input type="checkbox"/> Proprietary Information                                   |
| <input type="checkbox"/> Affidavits/Declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer                                      | <input checked="" type="checkbox"/> Other (Specified below)                        |
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| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                |  |
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| <input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application   | Other:<br>Issue Fee   |  |
| <input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	8/28/08	REGISTRATION NUMBER	61,354

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SIGNATURE	/ Abigail Capulong /
PRINTED NAME	Abigail Capulong
DATE	8/28/08

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Abigail Capulong (Depositor's name)

/ Abigail Capulong / (Signature)

8/28/08 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
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10/824063	4/13/2004	Renate Fruchter	S03-359/US	6079
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Title: CONCURRENT VOICE TO TEXT AND SKETCH PROCESSING WITH SYNCHRONIZED REPLAY

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
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nonprovisional	YES	\$720	\$300	\$0	\$1020	10/9/2008
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Examiner

Art Unit

Class-SubClass

CAMPBELL, JOSHUA D

2178

715/500.100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address attached.  
☐ "Fee address" indication attached.

2. For printing on the patent front page list firm name:

LUMEN PATENT FIRM, INC.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.**

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. The Board of Trustees of the Leland Stanford Junior University

(B) RESIDENCE (City and State or Country)

1. Palo Alto, CA

Please check the appropriate assignee category/categories: ☐ Individual ☒ Corporation or Private Group Entity ☐ Government**4a. The following fee(s) are submitted:**

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of fee(s):**

- ☐ Check is enclosed  
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. \_\_\_\_\_ (enclose extra copy)

**5. Change in entity status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status ☐ b. Applicant is no longer claiming SMALL ENTITY status

**SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT**

SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354	DATE	8/28/08
PRINTED NAME	Trieu T. Mai	REG. NO.	61,354

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